

Par. 1. **Material Transmitted and Purpose** --Transmitted with this Manual Letter is revised Service Chapter 624-05 – Foster Care Services Permanency Planning. PI-15-03 has been incorporated in this manual letter. The old language has been struck through and the revisions are in red and underlined.

Par. 2. **Effective Date** –March 23, 2015

### **Exit from Foster Care (ASFA) 624-05-15-35-10**

A child is considered to leave foster care when any of the following is true:

1. The court enters an order:
  1. Denying a petition to grant care, custody, and control of the child to the agency or to the Division of Juvenile Services,
  2. Terminating such a custody order, or
  3. Appointing a legal guardian; or
2. The court order under which the child entered foster care ends by operation of law; or
3. The child is placed in a parental home by the court or legal custodian other than the Division of Juvenile Services and the legal custodian lacks authority to remove the child without further order of the court; or
4. The child is placed in a parental home by the legal custodian with the intent for the child to remain home. (This is not a trial home visit.)
5. Custodians are required to close the foster care program in FRAME, no later than 30 days from the date of discharge from foster care.

A child is not considered to be in foster care on any night during which the child is:

1. On a trial home visit; or

2.     Receiving services at the Youth Correctional Center pursuant to an adjudication of delinquency; or
3.     Absent without leave from the place in which the child was receiving foster care.

#### Trial Home Visits:

A trial home visit must be a planned, formalized, agency-supervised visit in the reunification home for a specified, limited period of time not to exceed six months unless otherwise authorized by the court. A trial home visit must be discussed at Permanency Planning Committee/Foster Care Child and Family Team meeting and entered into a child's case plan, and no foster care payments are made during the visit period. Casual or incidental visits, e.g., to attend a wedding or funeral, are not considered "trial home visits" even if they are part of the child's reunification plan.

Federal regulations provide: A trial home visit may not exceed six months in duration, unless a court orders a longer trial home visit. If a trial home visit extends beyond six months and has not been authorized by the court, or exceeds the time period the court has deemed appropriate, and the child is subsequently returned to foster care, that placement must then be considered a new placement and Title IV-E eligibility must be newly established. Under these circumstances, the judicial determinations regarding contrary to the welfare and reasonable effort to prevent removal are required [1356.21(e)].

## **Case Plan 624-05-15-50**

Each child in foster care is required by federal law to have a case plan which must be a written document, which is a discrete part of the case record.

The information on FRAME case management captures information essential to generate the "Permanency Planning Committee Initial Report" (case plan) to meet federal foster care requirements.

The "Permanency Planning Committee Initial Report" (SFN 902) was

designed to meet the case plan requirements. It now may be used only in very limited circumstances. Before using the SFN 902, it is suggested that you verify whether it will be accepted.

All items on the case plan (SFN 902, or FRAME) must be thoroughly discussed at the committee/team meeting. The initial case plan must be developed no later than 30 days following the placement upon entry into foster care.

The signed signature sheet from the Permanency Planning Committee Initial Report, or the Periodic Review (FRAME generated) must be maintained as a hard copy in the child's foster care case file.

In those limited situations where the permanency planning preprinted forms are allowed, Permanency Planning Committee Initial Report, SFN 902, and Permanency Planning Committee Progress Report, SFN 903, the entire form, signed, must be maintained as a hard copy in the child's foster care case file.

Title IV-E of the Social Security Act, Sec. 475, specifies what must be in a foster care case plan. Those requirements are summarized here:

- The plan must be a written document. FRAME, The "Permanency Planning Committee Initial Report" (SFN 902), plus the "Permanency Planning Committee Progress Report" (SFN 903) contain the essential elements and constitute the required written documentation to meet the federal mandates.)
- A description of the type of home or institution in which the child will be placed, discussion of safety and appropriateness of the placement, how the responsible agency plans to carry out court requirements (i.e. reasonable efforts).
- The plan must assure the child receives safe and proper care; that services are provided to the parents, child, and foster parents in order to improve conditions in parents' home, facilitate return of child to their own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child as reflected in FRAME. The plan must also address visitations between the parent(s), siblings, and

foster child. The timeframes for these visits must be appropriate and meet the needs of the foster child and his/her family.

- It must include the most recent information available pertaining to child's health and education records, including:
  - Names and addresses of child's health and educational providers;
  - Child's grade level performance;
  - Child's school record;
  - Assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;
  - A record of child's immunizations;
  - The child's known medical problems;
  - The child's medication;
  - Any other relevant health and education information concerning the child determined to be appropriate by the State agency;
  - Assurances that a school age child in foster care is enrolled as a student (or in the process of enrolling), or is a full-time \*elementary or secondary school student; or, is incapable of attending school on a full-time basis due to the medical condition of the child. If the child is incapable of attending school on a full-time basis, regularly updated information, must be included in the case plan that supports this determination; and
  - Assurances that the agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement; or, if remaining in such school is not in the best interests of the child, assurances by the State agency and local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.

(\* The term "elementary or secondary school student" can include youth who are attending school in accordance with the State home school law, or youth who are seeking his/her GED through an independent study program in accordance with State law.)

**NOTE:** The above information related to education and medical must be reviewed and updated at the time of each placement of the child in foster care. Also, included is a requirement that such records be supplied to the foster parents or foster care providers.

If the child's permanency plan/goal is adoption or placement in another permanent home, federal law (ASFA) requires the plan must include documentation of the steps the agency is taking to find an adoptive family or other planned permanent living arrangement for the child, to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and to finalize a legal guardianship. At a minimum such documentation must include child specific recruitment efforts such as the use of State, regional, and national adoption exchanges including electronic exchange systems to facilitate orderly and timely in-State and interstate placements.

Where appropriate for a child 16 and over, the plan must include a written description of the programs and services which will help the child prepare for the transition from foster care to adulthood.

Youth who are age 16 and older; and have been identified as "likely to age out of foster care"; are required to be referred to the Regional Chafee Independent Living Program.

Credit Report Policy:

This policy is specific to foster youth under the custody of County Social Services, the Division of Juvenile Services (DJS), and Title IV-E Tribal Social Services.

The intent of the federal law is to:

1. Identify if the youth has been subject to identity theft;

2.     Assist youth in understanding the importance of having a credit check completed;
3.     Teach the youth how to review a credit report;
4.     Educate the youth on the process to continue this practice upon discharge from foster care.

**ND Credit Report Policy:**

Beginning January 1, 2014, ND Children and Family Services Criminal Background Check Unit (CBCU) will obtain an annual credit report from each of the three CRA's (TransUnion, Equifax, and Experian) for North Dakota foster youth over the age of 16. CBCU will request youth credit reports the 10<sup>th</sup> of each month and documentation will be electronically forwarded to the custodial case manager within 45 days following the foster youth's birthday.

Each month a FRAME report will identify foster youth who will turn 16, 17, or 18+ with an open court order in an open foster care service period. CBCU will review data from three months prior to see if any youth who turned age 16 or greater entered foster care since the last month's request. It is critical that information is entered into FRAME in a timely manner; especially when opening a new case or closing a foster care service program. Ex: If a youth is no longer in foster care, but the foster care program has not been closed in FRAME; CBCU will obtain that youth's credit report. Youth turning age 18 will be eliminated from retrieving their own "free credit report" post discharge because ND already obtained the report on their behalf. Individuals are only allowed one free annual credit report.

**Credit Report Results:**

Many youth under the age of 18 will likely not have a credit report, as many do not have credit history. Therefore, the request of a credit report for a youth in foster care will simply be confirming that no report exists. However, when a credit report does exist, it indicates that there is likely a need to correct information and to take action to protect the identity and future credit worthiness of the foster youth.

What if discrepancies are found?

Case managers will be responsible to remedy a false credit report. Below are steps on how to respond to discrepancies found in a credit report:

1. Discuss with the youth the results of the report asking if they are aware of anyone using their identity to secure finances (housing, utilities, cell phone).
2. Contact the companies where an account was fraudulently opened or misused. The youth's custodial agency must discuss the logistics of the accounts and indicate there is false credit out in the minor youth's name. Companies will have different procedures to follow in the effort to remedy fraudulent activity.
3. After receiving more information, discuss with the youth the need or desire to file a police report.
4. If needed, contact the Credit Reporting Agency where the activity was identified;
  - a. To place an initial fraud alert on youth's name;
  - b. To initiate a credit freeze for the youth's name;
5. If needed, file a report with the Federal Trade Commission (FTC) [www.ftc.gov](http://www.ftc.gov) or call 1-877-IDTHEFT (1-877-438-4338);

**In order to be in compliance; case managers must:**

1. Place a copy of the credit report or message indicating a report does not exist sent by Children & Family Services CBCU in the youth's case file;
2. Assist the youth in understanding why the credit report was obtained, interpreting the results, and resolving inconsistencies (flyer created to use if desired);
3. After communicating with the youth, document the independent living opportunity for the purposes of National Youth in Transition Database (NYTD) federal reporting. Case managers will select "Budget-Financial Management" in FRAME under the Independent Living Services (NYTD) tab.

Two existing tools, Foster Care Discharge Checklist and Child & Family Team Meeting Outline, have been updated to include a section on credit reports for worker convenience. These were tools created to assist workers with case file requirements; they are not required for use.

### Transition Planning

A transition plan that is personalized at the direction of the child must be developed during the 90-day period immediately prior to the date on which the child will reach the age of 18. The transition plan will include specific options such as:

1.       Housing
2.       Health insurance
3.       Education
4.       Local opportunities for mentors and continuing support services
5.       Work force supports and employment services
6.       Information related to Health Care Directives

While the child is in foster care, the transition plan must be as detailed as the child chooses and shall be developed during the Foster Care Child & Family Team meeting and is made part of the child's case plan.

### Health Care Directives

All foster youth who will be discharged from foster care at the age of 18 must be informed about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to do so, and they do not want or do not have a relative who could make these decisions. A "health care directive" is a document that enables youth to make decisions now about medical care in the future. Forms and directions related to health care directives can be found at [www.legis.nd.gov/cencode/t23c065.pdf](http://www.legis.nd.gov/cencode/t23c065.pdf). A brochure, "Health Care Directives, A Guide to Assist Youth Aging Out of Foster Care," DN 35, is available to give to youth when developing the youth's transition plan.



### Notice of Child Proceedings

Foster parents, preadoptive parents, or relatives providing care for the child must be provided with written notice of and a right to be heard in any proceeding held with respect to the child during the time the child is in the care of such foster parent, preadoptive parent or relative caregiver. Email or letter notice constitutes written notice, if there is documentation of the letter or email on file.

For assistance in generating the child's foster care case plan on FRAME, please refer to the FRAME user manual.

### Abbreviated Case Plan

Every child in foster care is required to have an approved case plan which is a written document that is made a discrete part of the case record. For youth in foster care on a short-term basis (less than 30 days), an abbreviated case plan is allowable. An abbreviated case plan must contain at least one completed factor, with goals and tasks, in FRAME's family assessment instrument.

All case plans must take into account the youth's safety, permanence, and well-being. An approved case plan must be in FRAME before the foster care case can be closed.

### Case Reviews

The requirements for the periodic case reviews are spelled out in Title IV-E of the Social Security Act, Sec. 475(5), summarized here.

The case review system means a procedure for assuring that:

- Each child has a case plan (FRAME) designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents'

home, consistent with the best interest and special needs of the child, which:

- If the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, sets forth the reasons why such placement is in the best interests of the child, and
- If the child has been placed in foster care outside the State in which the home of the parents of the child is located, requires that, a case manager (from either State) visit such child in the home or institution where the child is placed, and every month, submit a report on the visit to the State agency (Children and Family Service Division).

The periodic review (North Dakota reviews quarterly) determines the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress which has been made toward alleviating the causes which necessitated the foster care placement, and projects a likely date when the child may be returned to and safety maintained in the home or placed for adoption or legal guardianship.

Foster parents, preadoptive parents, or relatives providing care for the child must be provided with notice of and a right to be heard in any review (Permanency Planning Committee/Foster Care Child & Family Team meetings) or hearing with respect to the child.

The FRAME case management system is designed to capture the information required to generate the "Permanency Planning Committee Progress Report." Hard copies of the FRAME information can be generated and copies made for distribution. Please refer to the FRAME User Manual for technical assistance.

The periodic review document is SFN 903, "Permanency Planning Committee Progress Report," which may be used only in very limited circumstances.

The signed signature sheet from the Permanency Planning Committee Initial Report, or the Permanency Planning Periodic Review (FRAME generated) must be maintained as a hard copy in the child's foster care case file.

In those limited situations where the permanency planning preprinted forms are allowed (Permanency Planning Committee Initial Report, SFN 902, and Permanency Planning Committee Progress Report, SFN 903), the entire form, signed, must be maintained as a hard copy in the child's foster care case file.

In addition to the requirements outlined above, good practice dictates and federal law requires the case plan to include at a minimum the following items:

1. The goal(s) of placement. Goals must be time framed.
2. Identification of the specific circumstances which necessitated and cause the separation of the child from the family. Refer to the Agency View and Family View of Situation in the FRAME Case Plan.
3. Identification of the specific services to be provided by the agency in alleviating or helping to alleviate the conditions which led to the placements; project the date(s) by which each of these goals is to be accomplished. Refer to the Family Risk Assessment (FRA) located with the FRAME.
4. Identification of the specific actions to be taken by the parents in correcting the conditions which led to the placement and the date by which each of these activities is to be accomplished. Refer to the Goals and Tasks sections of the Family Risk Assessment (FRA) within FRAME.
5. Identification of the specific actions, when appropriate, to be taken by the child in correcting the conditions which led to placement and the date by which each of these activities is to be accomplished. Refer to the Goals and Tasks section of the Family Risk Assessment (FRA) within FRAME.

6. Identification of the specific services to be provided by the foster parents to the child. Refer to the Goals and Tasks section of the Family Risk Assessment (FRA) within FRAME.
7. Anticipated length of placement stated in months.
8. Written plan for visitation stating frequency, location and participation.
9. Specific information addressing the health, safety, and well being of the child. Refer to the Life Domains and Safety Plan in the Family Risk Assessment (FRA) within FRAME.

This information is included in the child's case plan on FRAME. Refer to the FRAME user information for technical assistance.

NOTE: High Risk Youth (at risk of harming self or others)

Great emphasis is placed on youth in foster care receiving safe and proper care. Each child/youth's case plan must include strategies for dealing with any behaviors or emotional needs which place him/her in the high risk category. Upon identification of such behaviors or emotional needs, a safety plan must be developed immediately for implementation.

A safety plan must be developed and distributed to all appropriate parties, specifically including the foster parents.